

PERSONAL WEAPONS REGISTRATION FORM
Proponent is Law Enforcement Command

PRIVACY ACT STATEMENT: 1. Authority: Ex. Order 9397; 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army; 10 USC 5013, Secretary of the Navy; 10 USC 5041, Headquarters, Marine Corps; 10 USC 8013, Secretary of the Air Force; FLW Regulation 210-25, Privately Owned Firearms and Other Weapons. 2. Principal Purpose(s): To permit the owner of a personal firearm, who resides on a military installation to maintain the weapon on that installation and to record legitimate ownership of the weapon. 3. Routine Uses: SSN and other identifying data is used to positively identify the service member. 4. Voluntary Disclosure: Failure to provide complete information may delay or prevent approval of privilege to maintain personal firearms in family quarters or to otherwise lawfully possess them on Fort Leonard Wood military reservation.

1. Name of Owner (Last, First, MI):	2. DOB:	3. SSN:	4. Grade/Rank/Status:
5. Height:	6. Weight:	7. Eye Color:	8. Hair Color:
9. Work Telephone Number:		10. Home Telephone Number:	

11. Organization:

12. Local Home Address:

DESCRIPTION OF FIREARMS AND STORAGE

MAKE	TYPE	SERIAL #	CALIBER/ GAUGE	MODEL #	PLACE OF STORAGE

13. I understand that personal firearms must be properly registered within 3 duty days, in person, in the Office of the Provost Marshal (Bldg 1000). Their possession on post or in quarters without such registration is unauthorized and any changes in this information must also be reported within 3 duty days to the Office of the Provost Marshal. I have read and understand the Post Regulations governing personal firearms. Requirements of local, state, and Federal Laws governing registration of private weapons have been accomplished.

Signature of Owner: _____ Date: _____

THE ORIGINAL COPY OF THIS FORM WILL BE RETAINED BY THE OWNER
THIS FORM IS NON-TRANSFERABLE